

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ORTHOCAROLINA PA FEDERAL PAC

ADDRESS (number and street)

4601 PARK ROAD SUITE 250

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00471508

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

01

01

2016

03

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Robert McBride Jr.

Signature of Treasurer

Dr. Robert McBride Jr.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

04

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">177372.75</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">177372.75</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">56323.82</span>	<span style="border: 1px solid black; padding: 2px;">56323.82</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">233696.57</span>	<span style="border: 1px solid black; padding: 2px;">233696.57</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1083.29</span>	<span style="border: 1px solid black; padding: 2px;">1083.29</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">232613.28</span>	<span style="border: 1px solid black; padding: 2px;">232613.28</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ORTHOCAROLINA PA FEDERAL PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

55360.00

55360.00

(ii) Unitemized .....

963.82

963.82

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

56323.82

56323.82

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

56323.82

56323.82

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

56323.82

56323.82

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

56323.82

56323.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	83.29	83.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83.29	83.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1083.29	1083.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1083.29	1083.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	56323.82	56323.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56323.82	56323.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	83.29	83.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	83.29	83.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. James Alexander**

Mailing Address 8930 Abrell Walk Court

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7649**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/2016

Full Name (Last, First, Middle Initial)

**B. Dr. Robert Anderson**

Mailing Address 4022 Cove Roost Court

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7650**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/2016

Full Name (Last, First, Middle Initial)

**C. Walter Beaver**

Mailing Address 3700 Beresford Road

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7651**

Amount of Each Receipt this Period

500.00

☐ Memo Item

03/16/2016

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Sarjoo Bhagia**

Mailing Address 7213 Fairway Vista Drive

City State Zip Code  
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11AI.7653

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

Full Name (Last, First, Middle Initial)

**B. Daniel Biggerstaff**

Mailing Address 1977 Beeson Road

City State Zip Code  
 Kernersville NC 27284

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2016

Transaction ID : SA11AI.7638

Amount of Each Receipt this Period

1000.00

☐ Memo Item

01/26/2016

Full Name (Last, First, Middle Initial)

**C. Daniel Biggerstaff**

Mailing Address 1977 Beeson Road

City State Zip Code  
 Kernersville NC 27284

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Yves P. Boudreau**

Mailing Address 102 Donlynn Drive

City State Zip Code  
 Shelby NC 28150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7654**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

Full Name (Last, First, Middle Initial)

**B. Marcus Briones**

Mailing Address 1010 Westbury Dr

City State Zip Code  
 Matthews NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7655**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

Full Name (Last, First, Middle Initial)

**C. Dr. Virginia F. Casey**

Mailing Address 3000 Valencia Tarrac

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7656**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Chapman Jr**

Mailing Address 2118 Sagamore Road

City State Zip Code  
 Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7657**

Amount of Each Receipt this Period

500.00

☐ Memo Item

03/16/16

Full Name (Last, First, Middle Initial)

**B. Alexander Chasnis**

Mailing Address 186 Atlantic Way

City State Zip Code  
 Mooresville NC 28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7659**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**c. Christian Clark**

Mailing Address 2326 Overhill Road

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7661**

Amount of Each Receipt this Period

110.00

☐ Memo Item

03/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1610.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. William L. Craig III**

Mailing Address 423 Arbor Road

City

Winston Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 16 / 2016

**Transaction ID : SA11Al.7662**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

03/16/16

Full Name (Last, First, Middle Initial)

**B. Brian M. Curtin**

Mailing Address 1608 Maryland Ave

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 16 / 2016

**Transaction ID : SA11Al.7664**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Dr. Bruce V. Darden**

Mailing Address 4236 Foxcroft Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 16 / 2016

**Transaction ID : SA11Al.7665**

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Harlan B. Daubert**

Mailing Address 2000 Virginia Road

City State Zip Code  
Winston Salem NC 27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7666**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Michael Dockery**

Mailing Address 3701 Bodenham Court

City State Zip Code  
Charlotte NC 28215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7667**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Keith Fehring**

Mailing Address 7024 Riesman Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7668**

Amount of Each Receipt this Period

500.00

☐ Memo Item

03/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Fehring**

Mailing Address 2329 PENDER PLACE

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7670

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. James Fleischli**

Mailing Address 1310 Andover Rd

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7671

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**c. Adam Fosnaugh**

Mailing Address 7620 Caspian Dr

City State Zip Code  
Waxhaw NC 28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Erika Gantt**

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code  
 Charlotte NC 28205

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2016

Transaction ID : SA11Al.7673

Amount of Each Receipt this Period

750.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Dr. John Stuart Gaul III**

Mailing Address 810 Berkeley Avenue

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2016

Transaction ID : SA11Al.7674

Amount of Each Receipt this Period

750.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Nady Hamid**

Mailing Address 2108 Cumerland Ave

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2016

Transaction ID : SA11Al.7676

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. James G Hendrix**

Mailing Address 352 Sycamore Ridge Rd Ne

City State Zip Code  
 Concord NC 28025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7677**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. David J Howe**

Mailing Address 845 N. Avalon

City State Zip Code  
 Winston Salem NC 27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7678**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. David V. Janeway**

Mailing Address 850 Buttonwood Drive

City State Zip Code  
 Winston Salem NC 27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11Al.7679**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Laxer**

Mailing Address 2829 Giverny Dr

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7680**

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Daniel Lewis**

Mailing Address 7235 Shefingdell Drive

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7681**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**c. Dr. Ranjan Maitra**

Mailing Address 3586 Fieldstone Drive

City State Zip Code  
Gastonia NC 28056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7682**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Robert McBride Jr.**

Mailing Address 4601 Park Road  
Suite 250

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7683**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Mark McGinnis**

Mailing Address 1722 5th St Drive NW

City State Zip Code  
Hickory NC 28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7684**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Patricia McHale**

Mailing Address 15819 Glen Miro Dr

City State Zip Code  
Huntersville NC 28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7685**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Meade

Mailing Address 227 Chaucer Lane

City State Zip Code  
Matthews NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7686

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

B. Alden Milam

Mailing Address 3320 Selwyn Ave

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7688

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

C. Robert Morgan

Mailing Address 3637 Richwood Circle

City State Zip Code  
Kannapolis NC 28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7689

Amount of Each Receipt this Period

1500.00

☐ Memo Item

3/16/16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. R G Mostak**

Mailing Address 6362 Chamar Circle

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7690**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. David R. O'Brien Jr.**

Mailing Address 1713 Virginia Avenue

City

Winston Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7691**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Scott B. O'Neal**

Mailing Address 5933 Copperleaf Commons Ct

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11Al.7692**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Lois Osier**

Mailing Address 2126 Hastings Dr

City State Zip Code  
Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2016

Transaction ID : SA11AI.7693

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Dr. Michael D Paloski**

Mailing Address 4629 Pine Valley Road

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2016

Transaction ID : SA11AI.7694

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Kinjal Parikh**

Mailing Address 10904 Preservation Park Dr

City State Zip Code  
Charlotte NC 28214

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2016

Transaction ID : SA11AI.7695

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

## **A. Dana Piasecki**

Mailing Address 1547 Queens Rd West

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11AI.7698

Amount of Each Receipt this Period

1500.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **B. Stephan Pill**

Mailing Address 6026 Old Orchard Road

City State Zip Code  
 Kernersville NC 27284

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11AI.7699

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **C. David Pollock**

Mailing Address 8372 Tuscany Drive

City State Zip Code  
 Lewisville NC 27104

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11AI.7702

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Rush**

Mailing Address 11102 Old Johns Road

City State Zip Code  
 Laurinburg NC 28352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11AI.7704**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Dr. Shadley C Schiffen**

Mailing Address 18623 Silent Falls Cove

City State Zip Code  
 Davidson NC 28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11AI.7705**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Paul Segebarth**

Mailing Address 1900 Vernon Dr

City State Zip Code  
 Charlotte NC 28211-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11AI.7706**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

## **A. Charles Sikes**

Mailing Address 105 Stamford Court

City State Zip Code  
Mooresville NC 28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7707**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **B. Ronald Singer**

Mailing Address 11026 Beau Riley Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7709**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **C. James Skahen**

Mailing Address 640 Wilhelm Place NE

City State Zip Code  
Concord NC 28025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7710**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. John Smid**

Mailing Address PO Box 3192

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7711

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Leo Spector**

Mailing Address 3407 Maryhurst Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7712

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C. Dr. Bryan D. Springer**

Mailing Address 200 Wales Avenue

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11AI.7713

Amount of Each Receipt this Period

500.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

## **A. Kevin Stanley**

Mailing Address 119 Lynfield Court

City State Zip Code  
Mooresville NC 28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7714**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **B. Rodney J Stanley**

Mailing Address 268 Indian Trail

City State Zip Code  
Mooresville NC 28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7715**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

## **C. Mark Suprock**

Mailing Address 910 Martingale Lane

City State Zip Code  
Davidson NC 28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.7716**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Ron Vandernoord**

Mailing Address 14535 Davis Trace

City

Charlotte

State

NC

Zip Code

28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03	/	16	/	2016

**Transaction ID : SA11Al.7718**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**B. Alan Ward**

Mailing Address 2101 Woodhaven Rd

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03	/	16	/	2016

**Transaction ID : SA11Al.7719**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

3/16/16

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

55360.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Stone**

Mailing Address PO Box 33185

City	State	Zip Code
Charlotte	NC	28233

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

**Transaction ID : SB29.7724**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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1000.00
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